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Bib Data Sheet

CONFIRMATION NO. 7876

SERIAL NUMBER 10/615,072	FILING DATE 07/08/2003  RULE	CLASS 366	GROUP ART UNIT 1723	ATTORNEY DOCKET NO. 1090
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/880,602 06/13/2001 ABN *TGS*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 10/02/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 19	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>TGS</i>	INITIALS		

Verified and Acknowledged

ADDRESS

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TITLE

Wrap spring clutch syringe ram and frit mixer

FILING FEE  RECEIVED 610	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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